BTEC Higher National Diploma in Health and Social Care Studies Syllabus

Unit 1: Using information, communication and technology (ICT) in the study of Health and Social Care practices

Unit content

1. Information, communication and technology (ICT) comprises core skills for learning. In this distance learning course utilisation of methods, tools and strategies of ICT is important in order to establish and maintain a sound working relationship with tutors and the college.

   Students will need to develop ICT skills in order to communicate effectively and maximise their study progression.

2. The first unit explains how to set up an ePortfolio which students will use during the lifetime of the course for storage of all their files including coursework, self-assessment activities, independent research notes and reflective journals. The ePortfolio may be requested from time to time by tutors and moderators. Students will be asked at various points in the course to upload files for this purpose. The ePortfolio will not only provide students with a structured system of unique information but once completed can be used as a resource for continuing professional development (CPD), and a body of revision for future studies.

3. Independent research is fundamental to level H5 study and also equips students with confidence to source and evaluate information relevant to the core course topics.

   In this first unit students are presented with tools and strategies with which to begin to undertake independent research and integrate this into coursework activities, for example suggesting ways to read research articles and assimilate types of information from these.

4. The development of knowledge and understanding through writing skills is important for communicating ideas and arguments to tutors and other readers of written work. Therefore this unit reviews writing skills, and incorporates reflective writing into both the course and coursework activities. Reflective writing is a way that individuals can review their own approaches to learning and communication; and it also promotes pro-active implementation of skills enhancement through tutor feedback and self-assessment.

Unit 2: Human growth and development

Unit content

1. In this section we will be looking at the general processes of human growth and development together with the different concepts we will be meeting in detail throughout this course.

   Human growth and development are gradual and connected processes, culminating in physical and psychological maturation.
There are recognized sets of **normal values** which are based on statistical predictions, against which sequences and milestones within these processes are measured and compared.

2. Genetic and environmental factors and influences work together to produce behaviour. The one cannot have complete success without the other. In 1972 the ‘Southgate Test’ was used in the National Child Development Study (Davie, Butler and Goldstein). This test looked at the effect of social class on children’s development.

This was a large study using 16,000 children, and the results are still applied in some situations today, although the specific operating components of the test and how they were applied is still largely unclear. The study measured school and academic attainments, IQ, social skills and personality. The results were very clear that ‘social class’, and therefore the environment did have a definitive impact on development, revealing that those children in social class V demonstrated approximately 40% less cognitive development to their counterparts in social class I. This unit will explore relevant data and concepts.

3. Child development begins before birth through a sequence of genetic mechanisms. These mechanisms produce the inherited traits which are apparent between generations within a family group. This unit will briefly look at genetic influence on development.

4. There is a measurement of diversity within family and relationship roles which is a dynamic process, often emulating the political and economic status of a society. However the primary developmental functions of the family within a modern society appear to be similar across all types and forms; protection and rearing of children, provision of a stable environment both emotionally and socially, the teaching of socialisation skills, norms and values. In addition, the family provides emotional attachments which are essential for personal development and enhancement of social skills, and provides love and affection which influences how relationships are formed during adulthood. The unit concludes with discussion relating to these social factors.

**Unit 3: Essential anatomy and physiology for care practitioners**

**Unit content**

1. **Homeostasis** can be described as a basic principle of biological order in which a constant condition of balance between opposing forces within the body can be maintained.

The body’s internal environment is rigidly controlled and this state needs to remain as constant as possible within certain ranges. The process of homeostasis is controlled by sophisticated mechanisms which are sensitive to changes that affect the body’s internal environment, and they respond accordingly. This unit explains the processes involved in homeostasis and links these processes to anatomy and physiology.
2. The remainder of the unit is devoted to essential anatomy and physiology of all body systems. It describes the structure of organs and explains their function in relationship to growth, development and repair.

**Unit 4: Health and Disease**

**Unit content**

1. Defining health is a difficult and subjective issue; it could simply be an absence of disease or disease symptoms, to other individuals it may be a snapshot of how they feel at any given time and may even be when diagnosed disease exists. Disease likewise is just as difficult to define but in 2003 the World Health Organization introduced the 10th revision of the International Classification of Diseases (ICD-10) which is a framework for disease categorization and statistical reference. Each disease is coded and grouped in one of 4 sub-categories. Another more simplistic way of categorization is to describe diseases as being physical, mental or social.

2. Crucially, there are two distinguishing characteristics of disease that are important within the care practitioner setting and they are the communicable and non-communicable. Communicable can be bacterial, fungal, protozoan or viral, and can be transmitted from one person to another; non-communicable can be environmental, degenerative, inherited, deficient-based or lifestyle related and cannot be transmitted to others.

3. There are also many notifiable diseases which mean that they must be reported to public health officers and practitioners in order that they can compile statistics of trend and spread, together with monitoring outbreaks and dealing with these efficiently. This unit discusses the processes for notifying disease and how diseases are categorised.

4. The remainder of the unit is concerned with describing the signs, symptoms, diagnosis and treatment of some common illnesses and diseases. Previous unit material will be referred to and your knowledge of anatomy and physiology will facilitate understanding of disease processes.

**Unit 5: Care and Communication**

**Unit content**

1. There are millions of people in the UK providing unpaid support for older, disabled or ill relatives, friends and neighbours (more than 6 million in 2006 according to Carers UK).

   Much care within families goes unnoticed or unrecognised as many people care out of a sense of duty or because they feel it is part of their role as parent or spouse. There are also expectations of society and culture involved in this type of role but sometimes circumstances can result in resentment and guilt.

2. In any care environment the service user or person receiving care needs to convey their needs and have these needs assessed and addressed.
Effective delivery of care is dependent upon excellent communication skills which promote accurate exchange of information, understanding and management, together with developing positive relationships with colleagues, service users and other individuals. Within any care situation communication occurs by way of interpersonal interactions with these groups.

There are many general and specialized methods and forms of communication; many we use every day without conscious thought but several are specifically learnt new or enhanced skills to use within specific care settings for individuals and groups who have particular needs and requirements.

Whatever method of communication is used it has a cyclical process which is the conveyance and reception of messages that need to be disseminated.

3. There are many barriers to effective communication and some of these would not seem obvious, for example those things that we subconsciously hold as prejudices or personal beliefs which may influence our attitude and behaviour towards others or in certain circumstances. Even appearance can infer identity with certain groups or sections of society and within a caring situation this may result in presenting as a barrier to exchange of messages.

4. When we talk about ‘values’ relating to care settings it relates to the way practitioners behave towards service users and colleagues, group principles and values belonging to different care fields, empowerment of others (namely the service users) to have control in care decisions, and legislative codes of conduct and guidelines around which most care practitioners work.

The Care Value Base which encompasses most of the issues surrounding care values, was devised by the Care Sector Consortium in 1992 in order to provide a common set of principles and values for workers and professionals in health and social care. For the first time the Health and Social Care industry had basic premises from which ethical decisions and judgements could be made; these serve to give a basis for equality and consistency of care across a broad spectrum of service user needs and settings, and also aims to keep standards high within identifiable cross-demographic and cross-practice situations. In other words it seeks to offer the service user the same positive experiences and high standards of care no matter which aspects of services they are using, their place of residence or their cultural background.

Unit 6: Focus on social issues

Unit content

1. In order to understand aspects of human behaviour and factors within people’s lives which affect these behaviours, care practitioners need a basic knowledge and understanding of both the physical and psychological functions of the human body. The aspects of the social sciences that care practitioners should be concerned with especially are: lifestyle choices and activities that people choose and that affect their wellbeing, this is also related to ethnicity, gender and social class. In addition the individuals’ personal development within their social group and community will affect their experiences, so this is a key factor as well.
2. The biological aspects involve understanding how the body works, health and disease and lifestyle; all these being related to what sort of care requirements they may need or seek. Psychological aspects are concerned with the human mind, including thoughts and emotions that may influence actions, behaviours, and again, lifestyle choices.

3. Life events impact the lifestyle choices that each one of us makes and this in turn influences health, wellbeing and development.

4. Close examination of lifestyle factors and evaluation of different models of health will allow informed consideration of care requirements and provisions.

Unit 7: Socialisation, attachment and lifestyle

Unit content

1. Socialization is a process in which we all learn to be ‘ourselves’ and to fit into the society in which we exist. During this common process we internalise the values, attitudes and culture of our society and through these are able to engage with, and relate to other members.

   Family is the structure where individuals go through primary socialization; it is a period where we learn the basics of how to behave as a competent member of society, therefore babies are socialized by their carers. Secondary socialization takes place outside the family structure and involves a continuous learning process throughout life.

2. The basis of the key concepts surrounding the attachment theory is that humans have a basic need to form human emotional bonds with other people or indeed, animals. This is believed to be an innate process. The experience of loss in childhood can affect people throughout their adult life and manifest itself as a particular behaviour trait or pattern. With a view to relationships and problems that adults subsequently face within these bonds, their past experiences unconsciously influence both behaviour and decision making processes.

3. In practice it was suggested that through interaction with their carers, children form expectations about their carers and this framework is subsequently developed and carried through into adult life.

4. Having a healthy lifestyle is paramount in both the political and health arenas within modern society; reasons are many, including health care costs, the ageing society and lack of resources to cope with this, the health of future generations and therefore concerns regarding chronic disease and mortality.
Unit 8: Focus on disease models

Unit content

1. Diagnosing mental ill health is very difficult and it usually depends on the accepted norms of society. Clinical staff may have added diagnosis difficulties if they do not understand people’s cultural and religious backgrounds. Categorization of common forms of mental illness has been made by the psychiatric profession and this gives a broad guide to defining the conditions.

2. The meaning the individuals give to health, illness and disease varies between individuals, social groups (depending on their age or gender, etc.) and between societies. Views of acceptable standards of health are likely to differ widely between people living in a poor African country and in Britain. In addition, views of health change over time. At one time mental illness was viewed as a sign of being cursed by the devil or a sign of witchcraft at work, a matter best dealt with by a member of a clergy rather than by a doctor. In modern times problems that were previously considered to be ‘personal’ – such as drug addiction, alcoholism, obesity and smoking – are now considered to be medical problems.

3. Different meanings are attached to health and illness according to different circumstances. There are two main approaches to health that arise from different views about what the causes of ill-health are, and the policies that are needed to resolve those causes. These two competing models of health are often referred to as the medical (or biomedical) and social models of health.

4. Alternative therapy has grown in popularity in recent years with over a billion pounds being spent each year on these treatments. The move away from conventional medicine is all part of what has been called a ‘flight from deference’, as people move away from trusting high status doctors. Increasing numbers of people prefer to consult practitioners they feel they can work with, who will listen to them and have time for them as individuals instead of a collection of symptoms. In addition, the internet has given many individuals instant access to a wide range of information about both conventional and alternative medicine.

Unit 9: Public health contexts

Unit content

1. Public health services are concerned with large populations and communities. The sorts of involvement included in public health provision are:
   - Screening programmes
   - Environmental health services
   - Political directives
   - Campaigns
   - Infrastructure

The study of public health identifies social and demographic patterns in health, disease and need, and this is appropriate as health is a collective as well as personal issue.
2. Public health considerations take into account many areas and issues, the following are examples of some of these:
   - Ageing: the increasing over 65 years population, the financial, health and care cost and provisions
   - Ethnicity and diversity
   - The natural environment including water, food and clean air
   - The physical environment including housing, infrastructure and services
   - The social environment for example, employment and issues of equality
   - Illness and disease, for example screening and vaccination programmes

3. Gathering data is an importance process in the field of public health as it not only provides a snapshot in time of current health status of populations and communities but also identifies trends and potential problems.

4. Specific issues in public health data collection which informs policy and care service provision, for example obesity, cardiovascular disease and addiction.

Unit 10: Diagnosis and treatments

Unit content

1. Effective disease control within a population is a key role of the public health department. Through immunization and vaccination programmes, widespread transmission of ‘killer’ diseases such as smallpox, tuberculosis and cholera can now be controlled and in some cases eradicated.

2. Infections of one kind or another are common. The rate of infection varies depending on the type of origin and context. However it is appropriate to look in detail at some common infections as health and social care practitioners will normally meet these at regular times during their client and patient encounters.

In unit 15 we will be looking at antimicrobial resistance in detail as it is a problem both within primary care, secondary care and community based residential homes.

3. In a separate section the unit details parasitic infections such as malaria, scabies, head lice and many others.

4. Finally the unit explores MRSA, E-Coli, C-Difficile and Salmonella.

Unit 11: Promoting health

Unit content

1. Health promotion is a collaborative process; as well as involvement by public health departments, the NHS and local provisions; there are many ways in which individuals can take responsibility for improving their own health and maintaining a positive status.
2. In this unit theories and models of health promotion are evaluated and discussed in terms of application and context.

3. Health promotion is delivered through a number of routes which can be formal or informal, for example we may attend a support group or take part in an organized campaign, or alternatively we may exchange or impart health education within and between family members.

4. There are numerous types of data that can be collected from a health promotion activity; the aims, objectives and expected outcomes should all be related to the activity itself and take into account all the aspects that were carefully considered in the planning stage.

The evaluation outcomes may be used to design further activities, or it may be used to shape care services because specific needs have been identified. Once data has been collected and appropriately evaluated and recorded it can be used in the future for comparison or for others wishing to undertake similar activities or research.

**Unit 12: Research in health and social care**

**Unit content**

1. Research is important in order to predict and establish trends, possible outcomes and health needs relevant to care service provision and disease control. In order to move or progress practice in health and social care forward, research based evidence in strategic areas is needed.

   High standards are expected when research is carried out which involves patients and members of the public, therefore research governance are a collection of crucial processes to ensure that these standards are met. They include: ethical approval, research and development approval, evidence of informed consent and where clinical interventions are taking place, evidence of appropriate safety procedures.

2. Researcher often review current and past research and this is particularly relevant to practice where techniques or procedures need to be evaluated in order to assess whether they are still effective, relevant or appropriate.

   For this specific purpose a systematic review would be undertaken which collates relevant research on a particular topic or issues, synthesizes the information and then presents the findings in a structured manner.

   These findings may be either of a quantitative or qualitative nature and may also be part of a wider review known as meta-analysis. The aim of this type of research is to update current practice and even contribute to ground breaking research.
Unit 13: Safe caring and care services

Unit content

1. Social services and health care organisations have limited budgets which are controlled by central government.

   PCT’s (primary healthcare trusts) purchase services from acute hospitals and other providers with funding that they receive directly from the Department of Health.

   A close partnership between health and social care agencies is encouraged in order to meet the needs of service users.

   Joint funding of local area posts encouraged so that integration of services can occur more easily.

   Development of the voluntary sector in provision of cost effective services by statutory sector.

2. Today any information we obtain from others of a personal nature when running a business should be done so not only lawfully but fairly as well. This is where the Data Protection Act 1998 UK assists. It ensures that all personal data, whether it be in electronic or paper (manual) format, is held in the right kind of system.

   In the care environment this means that patient records and notes should be kept locked away and only be accessible on a need to know basis.

   In this section of the unit data protection and other key legislation relevant to health and social care practices is described and evaluated.

Unit 14: Care contexts: roles and responsibilities

Unit content

1. Those who work in areas of care have a responsibility to themselves, their colleagues and the individuals that they are caring for. From a wider perspective the care worker has responsibilities to family and visitors of the cared for individual.

2. We may initially overlook the roles and responsibilities of non-care workers related to infection control. However all these staff including gardeners, drivers, cleaners, administration staff etc. have non-direct and direct contact with the care environment and therefore can influence infection control practices and outcomes.
Unit 15: Antimicrobial resistance

Unit content

1. Microbes produce many useful products, and humans have made use of this for thousands of years. Today there is a wide range of products made by microbial biotechnology, most of which are too complex to be synthesised by purely chemical techniques. These include: food (bread, cheese, yoghurt, single cell protein (SCP)); drink (beer, wine, vinegar); fuels (ethanol, methane); enzymes; hormones; antibiotics; chemicals (citric acid, amino acids, steroids); plastics; etc.

2. Antibiotics are antimicrobial agents produced naturally by other microbes (usually fungi or bacteria). The first antibiotic was discovered in 1896 by Ernest Duchesne and "rediscovered" by Alexander Flemming in 1928 from the filamentous fungus *Penicillium notatum*. Neither investigator appreciated the importance of what he had found, and the antibiotic substance, named penicillin, was not purified until the 1940s (by Florey and Chain), just in time to be used at the end of the second world war. Today there are hundreds of different antibiotics, though many are modified forms of naturally-produced antibiotics (semi-synthetic antibiotics). There are also other completely synthetic antimicrobial drugs (i.e. not derived from microbes) in use, notably the sulphonamides.

3. When antibiotics were first introduced after the second world war, they were seen as "miracle drugs" because they killed all bacteria and cured all bacterial diseases. However, within a few years, some antibiotics lost their effectiveness as bacteria became resistant to them.

4. The most common sources for antibiotic-resistant bacteria (and especially multiple-resistant bacteria) are hospitals. This is partly because they have a high concentration of people with bacterial infections, but also because the environment is awash with antibiotics. This provides a strong selection pressure for any antibiotic-resistant strains, which multiply in the absence of much competition.

Unfortunately we are now in an "antibiotic culture" where many doctors prescribe antibiotics routinely for common ailments such as the flu (even though they have no effect), simply to keep the patient happy. And farmers, especially in the USA, routinely feed their livestock small concentrations of antibiotics, just in case they come into contact with an infection. If this overuse of antibiotics continues, then most antibiotics will become useless, and we will revert to the pre-antibiotic age, where common bacterial infections will become more prevalent.

Unit 16: Pharmacology for health and social care practitioners

Unit content

1. Drugs originally derived from natural sources such as plants, animals and minerals but these days they are mostly synthesized within a laboratory setting in order to they are free from impurities. In addition in the laboratory environment the molecular structure of the drug can be altered to maximize effectiveness, hence the term first, second, third generation etc.
2. The unit explains how drugs work and the different groups of drugs in common use. This will aid understanding of drug addiction which is briefly covered.

3. Drugs vary enormously in their effectiveness, specifically related to dosage. Many drugs will have multiple effects, for example morphine reduces sensitivity to pain but also depresses heart rate and respiration by affecting the activity of neurons within the brain. Therefore, normally there is a large margin of safety in drug dosage called the therapeutic index. The reasons for this are that drugs act on different sites within the central nervous system; drugs exert their effects by binding with other molecules within the central nervous system or with receptors involved in neurotransmission.